

# **EXHIBIT GG**

## Patrol/Inspection Map Correction Form

Inspector Name: [REDACTED]

Check One: ☒ OH ☐ UGCheck One: ☒ Patrol ☐ InspectionDate Pat/Insp: September 6, 2014Electric Map Number: JJ-39Sub<sup>(1)</sup>: \_\_\_\_\_Circuit<sup>(1)</sup>: \_\_\_\_\_Dept.: Compliance Dept.Dept. Ref. Number: 109827600Number of Location(s): 1 (See Attached Copies of the Map)

Loc #	Location	Check All that Apply:							Other (Describe)	
		Wrong Size/Type of Equipment (transformer, line equipment, valve, etc.)	Wrong Size/Type of Conductor, Cable, Main, Service (i.e. pipes and wires)	Facilities Shown in Wrong Location (e.g. wrong distance or dimension from P/U)	Wrong Size/Type of Support Structure or Enclosure (pole, guy, box, conduit, etc.)	Wrong Text Information on Map (not associated with any symbol)	Land Base Discrepancy (e.g. streets or property lines don't match)	Facilities with Incorrect Number (e.g. wrong equipment number, circuit number, etc.)		Facilities Added or Removed
1	1900 Soda Spring Rd.									<p>10292355 329-1105 Purbw</p> <p>Service pole &amp; Sec 7px Service have been Removed. See Map attached for exact location</p>

<sup>(1)</sup> Not required, but provide information if available.

Received by Mapping: \_\_\_\_\_

Mapping use only: PM # \_\_\_\_\_

Action taken: \_\_\_\_\_

Completed By/Date: \_\_\_\_\_/\_\_\_\_\_



-MC

GD 165 ✓

ORDER# 42012044  
# OF UNITS 117/126 23 A.O.  
# OF MINOR UNITS 0  
REVIEWED BY [REDACTED] 9-30-14  
REVIEW SHEET [REDACTED]  
S/S BY [REDACTED] 10/13/14  
FILED BY \_\_\_\_\_

FLEXIBLE D.D.

Sent Copy 10/31/17  
of Report to [REDACTED]

a/8





**Electric Maintenance Patrol/Inspection Daily Log**Rural/Urban: *Rural*

2 Yr Map Schedule:

*2016-Insp*Order: *42012044*

Map:

*ED.42-JJ39000000*MAT: *BFA OH Patr*

Main Work Ctr:

*NAPA*[☒] Check if "NO" Abnormal Conditions Identified Today# of Structures on File: *117*

Inspector Name or LAN ID: [REDACTED]

Date Pat/Insp: *September 7, 2014*Date Reviewed: *9-30-14*

By: [REDACTED]

(Specify highlight color) *Purple*# of Structures Pat/Insp: *95*

Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
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Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:

Minor Work Locations(Tally):

Total Minor Work Locations  
Completed:



## Electric Maintenance Patrol/Inspection Daily Log

Rural/Urban: *Rural* 2 Yr Map Schedule: *2016-Insp*  
 Order: *42012044* Map: *ED.42-JJ39000000*  
 MAT: *BFA OH Patr* Main Work Ctr: *NAPA*  
☒ Check if "NO" Abnormal Conditions Identified Today # of Structures on File: *417 123*

Inspector Name or LAN ID: [REDACTED]

Date Pat/Insp: *September 8, 2014*Date Reviewed: *9-2-14* By: [REDACTED](Specify highlight color) *RED*# of Structures Pat/Insp: *123*

Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
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Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:

Minor Work Locations(Tally):

Total Minor Work Locations  
Completed:

**Electric Maintenance Patrol/Inspection Daily Log**Rural/Urban: RuralOrder: 42012044MAT: BFA OH/UG

2 Yr Map Schedule:

Map:

ED 40-42-5539000000Main Work Ctr: NARAInspector Name or LAN ID: [REDACTED]Date Pat/Insp: September 7, 2014Date Reviewed: 9-30-14By: [REDACTED](Specify highlight color) Yellow[☒] Check if "NO" Abnormal Conditions Identified Today # of Structures on File: 126# of Structures Pat/Insp: 3

Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH	UG	MC	TP	I	V	PMH Switch Serial # / or Map Change Ref #:	Notes:

Minor Work Locations(Tally):

Total Minor Work Locations  
Completed:



1-MC  
NOV

ORDER# 42012044  
# OF UNITS 117126 A.O.  
# OF MINOR UNITS 0  
REVIEWED BY [REDACTED] 9-30-14  
REVIEW SHEET [REDACTED]  
S/S BY [REDACTED] 10/13/14  
FILED BY

FILE



**JJ39**

**OH PATROL**

**NOV**

**2014**





<input checked="" type="checkbox"/> OH <input type="checkbox"/> UG	<input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Inspection	Follow up needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Map#: 339	Reviewer LAN ID: [REDACTED]	If Yes, All Corrections Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
District: NB	Review Date: 9/30/14	* PS&R Supervisor/Specialist LAN ID: * PS&R Supervisor/Specialist Review Date:		

  

Documentation Check Number	Documentation for Review	Response	Notes	Follow-Up Items Completed?
1	Are the logs completed in non-erasable ink?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If non-erasable ink was NOT used, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Was white out used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If white-out was used, return package to your PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	When <u>non</u> -prepopulated log sheets were used, were they filled out to include: Map Number, Order Number, Main Work Center, Rural/Urban, and MAT?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No N/A	If not filled out at all, or completely, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the inspector's Lan ID on the log? (Note: Must be Lan ID if inspector has one)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no - return to PS&R Supervisor for correction by Inspector Note: If Contractor with no LAN ID, ensure written name is clearly legible	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the Lan ID on the log match the Lan ID on the map?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is the date recorded on the log(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If multiple logs, confirm dates are populated on all; If No, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Do the date on the log(s) match the date(s) on the map?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If multiple logs, confirm dates are populated on all; If No, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is the reviewer's Lan ID on the log? (Note: Specialist or Supervisor)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, return to PS&R Supervisor for correction Note: LAN ID/Signature stamps are not valid	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Is the review date entered on the log? (Note: Specialist or Supervisor)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, return to PS&R Supervisor for correction Note: Date stamps are not valid	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	For multiple days, was a different highlighter color used for each day?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Is the highlighter color recorded on the log?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Does the highlighter color used on the log match the color on the map?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	For an <u>inspection</u> log, does the structure count on the log(s) equal the facilities highlighted on the map for the highlighter color used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	If No, return to PS&R Supervisor for correction by Inspector Note: Check all log/map counts	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	If body of log (lines starting with "Loc #") is blank, is the "No abnormal conditions identified" checkbox	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	If there is a numbered location written on the log, is UG, OH, V, or I circled and if so, is the EC Number recorded on the log or is cancelled written on the log.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	If No, clerical needs to make correction (create corresponding EC, etc., and/or enter EC number on log)	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	If location number is recorded <u>AND</u> the EC # column is blank, is "MC" (Map Change), "TP" (Third Party), circled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Does the total number of structures on the log agree with the total on the map?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Note: For Patrols, manual counts are not required unless the Planned and Actual Unit counts are obviously incorrect (example...planned units is 10, clerk can see by visibly looking at the map that there are obviously more than 10 facilities) Corrective Action Required: Count facilities on map, correct "actual facilities", update actual units in in ZORDER in SAP	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	If the entire map is bracketed (no facilities highlighted, map encircled in color) was it marked as an air patrol.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	Note: Only air patrols can be "circled/bracketed"; if not marked as air patrol, return to PS&R Supervisor for correction by Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No

Last Updated 6/7/2012

Form #: XXXX (to be assigned)

Last Updated 6/7/2012 by [REDACTED]

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## Electric Maintenance Patrol/Inspection Daily Log

Rural/Urban: *Rural* 2 Yr Map Schedule: *2016-Insp*  
 Order: *42012044* Map: *ED.42-JJ39000000*  
 MAT: *BFA OH Patr* Main Work Ctr: *NAPA*  
☐ Check if "NO" Abnormal Conditions Identified Today # of Structures on File: *117*

Inspector Name or LAN ID: [REDACTED]  
 Date Pat/Insp: *September 6, 2014*  
 Date Reviewed: *9-30-14* By: [REDACTED]  
 (Specify highlight color) *Salmon*  
 # of Structures Pat/Insp: *15*

Loc# <i>1</i>	EC# <i>109827600</i>	OH UG <u>MC</u> TP I V	PMH Switch Serial # / or Map Change Ref #: <i>109827600</i>	Notes: <i>See Map Change request form attached</i>
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
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Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:
Loc#	EC#	OH UG MC TP I V	PMH Switch Serial # / or Map Change Ref #:	Notes:

Minor Work Locations(Tally):

Total Minor Work Locations  
Completed: